

**EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507**

- COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31, 2006 - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
 OR
 Fax to: (225)763-8787 or (225)763-8780

356
 Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
 Postmark Date: 2-12-07

ERD(207)

3061784

1. Name Patti Nicole B
 Last First MI

2. Business Address: 9217 Boone Dr. Baton Rouge LA 70810
 Street and No. City State Zip

Mailing Address Same as above

3. Business Phone 225-235-4937
 Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 369.33
 (Include expenditures from Schedules A and B)
5. Total of all executive lobbying expenditures made July 1 through December 31: \$ 10.59
 (When Applicable) (Include expenditures from Schedules A and B)
6. Total of all executive lobbying expenditures made during calendar year: \$ 379.92
 (Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

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EXECUTIVE LOBBYING EXPENDITURE REPORT

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Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department

1) a. Name of Department: Department of Education

b. Total of all expenditures made January 1 through June 30: \$ 359.24

c. Total of all expenditures made July 1 through December 31: \$ 0
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 359.24

2) a. Name of Department: Department of Health & Hospitals

b. Total of all expenditures made January 1 through June 30: \$ 10.09

c. Total of all expenditures made July 1 through December 31: \$ 10.59
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 20.68

3) a. Name of Department: _____ N/A _____

b. Total of all expenditures made January 1 through June 30: \$ N/A

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ N/A

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency

1) a. Name of Department and Individual Agency: Department of Education (LSU MidCity - Earl K. Long Outpatient Clinic)

b. Total of all expenditures made January 1 through June 30: \$ 359.24

c. Total of all expenditures made July 1 through December 31: \$ 0
(When applicable)

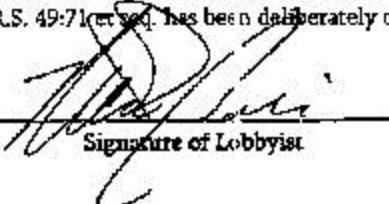
d. Total of all expenditures made during the calendar year: \$ 359.24

2. a. Name of Department and Individual Agency: Department of Health & Hospitals - office of Management & Finance
b. Total of all expenditures made January 1 through June 30: \$ 10.09
c. Total of all expenditures made July 1 through December 31: \$ 10.59
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 20.68

3. a. Name of Department and Individual Agency: _____ N/A
b. Total of all expenditures made January 1 through June 30: \$ N/A
c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
d. Total of all expenditures made during the calendar year: \$ N/A

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist